

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		7					58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13	/						63				
14		/					64				
15		/					65				
16		/					66				
17		/					67				
18		/					68				
19	/	#					69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24		/					74				
25		/					75				
26		/					76				
27		0					77				
28		/					78				
29		/					79				
30	/						80				
31		/					81				
32		/					82				
33		/					83				
34		/					84				
35		/					85				
36	/						86				
37	/						87				
38		/					88				
39		2					89				
40		2					90				
41		2					91				
42		2					92				
43		2					93				
44		0					94				
45		0					95				
46	/						96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	7						TOTAL IND.				
TOTAL DEP.	50						TOTAL DEP.				
TOTAL CLAIMS	57						TOTAL CLAIMS				